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JC962 U.S.
10/31/01
PRO

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<small>(Submit an original and a duplicate for fee processing)</small> | 2. <input type="checkbox"/> Applicant claims small entity status.
<small>See 37 CFR 1.27.</small> |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 19]
<small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure | |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] | |
| 5. Oath or Declaration [Total Pages 2] | |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))
<small>(for continuation/divisional with Box 18 completed)</small> | |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
<small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

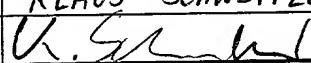
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No _____ / _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<small>Please enter Customer Number or attach bar code label here</small>			or <input checked="" type="checkbox"/> Correspondence address below
Name	PRO PAT, L.L.C.			
Address	2912 CROSBY ROAD			
City	CHARLOTTE	State	NC	Zip Code 28211-2815
Country	U.S.A.	Telephone	(704) 365-4881	Fax
Name (Print/Type)	KLAUS SCHWEITZER			Registration No. (Attorney/Agent) See Attach
Signature				Date 10/31/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 780.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Nico N. RACZEK

Examiner Name

Group Art Unit

Attorney Docket No.

00162 NUT

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	
139	130	139	130		Non-English specification	
147	2,520	147	2,520		For filing a request for ex parte reexamination	
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	
115	110	215	55		Extension for reply within first month	
116	390	216	195		Extension for reply within second month	
117	890	217	445		Extension for reply within third month	
118	1,390	218	695		Extension for reply within fourth month	
128	1,890	228	945		Extension for reply within fifth month	
119	310	219	155		Notice of Appeal	
120	310	220	155		Filing a brief in support of an appeal	
121	270	221	135		Request for oral hearing	
138	1,510	138	1,510		Petition to institute a public use proceeding	
140	110	240	55		Petition to revive - unavoidable	
141	1,240	241	620		Petition to revive - unintentional	
142	1,240	242	620		Utility issue fee (or reissue)	
143	440	243	220		Design issue fee	
144	600	244	300		Plant issue fee	
122	130	122	130		Petitions to the Commissioner	
123	50	123	50		Processing fee under 37 CFR 1.17(q)	
126	180	126	180		Submission of Information Disclosure Stmt	
581	40	581	40		Recording each patent assignment per property (times number of properties)	40.00
146	710	246	355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355		For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355		Request for Continued Examination (RCE)	
169	900	169	900		Request for expedited examination of a design application	
Other fee (specify) _____						

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** = 0	X	= -0-
Independent Claims	1 - 3** = 0	X	= -0-
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ -0-

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY

Name (Print/Type)	KLAUS SCHWEITZER	Registration No. (Attorney/Agent)	See ATTACH	Complete if applicable
Signature	<i>Klaus Schweitzer</i>	Date	Telephone	(703) 365-4881

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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